

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

MISSISSIPPI



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

87/88

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1998
Mississippi

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

MISSISSIPPI

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety.⁶ These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

MISSISSIPPI
STATE DEPARTMENT OF
HEALTH

Reply To:

Alton B. Cobb, M.D., M.P.H.
State Health Officer

P.O. Box 1700 2423 North State Street Jackson, Mississippi 39215-1700/(601)960-7400

Overview of Nursing Home Licensure Program

The Division of Health Facility Licensure and Certification, State Department of Health, is the Survey Agency for Mississippi. The overall purpose of the Survey Agency is to monitor the operation and construction of health care facilities through periodic inspections to assure the public and patients that facilities comply with minimum standards. This effort upgrades the care given by these facilities and helps protect the patient from abuse, neglect and inappropriate care. The Agency uses federal funds through Medicare, Title XVIII, Medicaid, Title XIX and Licensing Fees to conduct its activities. The Division is composed of 52 health professionals composed of; Registered Nurses (21), Registered Dietitians (2), Administrative Surveyors (6), Registered Record Administrators (2), Medical Technologists (2), Master Level Social Workers (2), Recreational Therapist (1), Registered Pharmacist (1), Fire Safety Specialists (5), Physician (1) and Management and Secretarial Personnel (9). The staff carries out a licensure and certification program for 572 health care providers through periodic on-site inspections. The following facilities are licensed and/or certified; 126 Hospitals (116 Acute, 5 Psychiatric, 3 Chemical Dependency Units, 2 Rehabilitation Hospitals), 206 Nursing Homes (65 Skilled, 51 Intermediate Care Facilities, 79 Dual Facilities, 11 Intermediate Care Facilities for the Mentally Retarded), 75 Personal Care Homes, 134 Home Health Agencies, 8 Ambulatory Surgical Facilities, 35 Independent Laboratories, 11 Rural Health Clinics, 23 ESRD Facilities, 11 Physical Therapists, 5 Rehab. Agencies, 2 Health Maintenance Organizations and 2 Birthing Centers. These facilities are surveyed at least once a year. All complaints made against these facilities are investigated by the Survey Agency's staff. Construction of new facilities or the renovation of existing facilities must receive approval from the Survey Agency before commencement.

Overview of Enforcement System

Surveillance of nursing homes is the SA's top priority. They are inspected at least two (2) times a year. The annual survey consists of an interdisciplinary team and surveyors applying the State Licensing Regulations, the Federal Conditions of Participation and "Quality of Care Criteria" to all Medicaid patients for the Inspection of Care Process. Six months later, two Registered Nurse Surveyors review all Medicaid patients for appropriateness of placement and the quality of service. Each survey takes at least two days.

Follow-up visits are required after each survey since all nursing homes have deficiencies. In addition to these regularly scheduled visits, all complaints are investigated.

The Survey Agency suspends admission of patients to a nursing home when any Condition of Participation is not met. This suspension remains in force until a follow-up visit confirms that corrective actions have been taken. In 1987, twenty-seven homes had their admission privileges suspended. If deficiencies persist, the SA can apply monetary penalties through the Division of Medicaid. As a last resort and if patient needs are going unmet, the SA may revoke a license. This was done on two occasions in 1987.

Grounds for denial or revocation of a license includes; fraud, conviction of a crime by the owner, willful and repeated violation of minimum standards, misrepresentation of the home or services, cruelty to patients, misappropriation of money or property of a patient, and failure to notify the family of accidents or transfer. Suspension of admissions and revocation of license are the only tools for enforcement available to the SA other than those provided under the Medicare and Medicaid Programs.

Resources Available to Consumers

- Division of Health Facility Licensure and Certification
Mississippi State Department of Health
2423 North State Street
Jackson, Mississippi 39215 - 1700

Contact: Mendal G. Kemp, Director

Phone: (601) 960-7769

Purpose: The Licensure and Certification Agency monitors health care facilities through periodic inspections to assure the public and patient that facilities comply with minimum federal and state standards. Also the Agency is responsible for investigating all complaints against health facilities and demand corrective actions when needed. The Agency performs all certification activities for Medicare and Medicaid under Titles XVIII and XIX of the Social Service Act and licensure activities required by state statutes.

- The Mississippi Council on Aging
301 W. Pearl Street
Jackson, Mississippi 39203-3092

Contact: David Brown, Director
Billie Marshall, State Ombudsman

Phone: (601) 949-2013

Purpose: The Mississippi Council on Aging is the Principle State Agency to carry out the provisions of the Older Americans Act of 1965. The Agency attempts to remove barrier to economic and personal independence for older persons and help assure the availability of appropriate services. The Agency aides area agencies (10) in developing service systems to serve older individuals.

The Ombudsman Programs is mandated by the Older Americans Act. There is a state ombudsman and an ombudsman in each of the 10 area agencies. Their role is to work with patients in nursing homes and their families to resolve their problems and to enhance their quality of life by being friend and advocate. If complaints cannot be resolved, they are referred to the State Survey Agency.

- Complaint Units Complaints against nursing homes are directed to the State Department of Health. A call to the Governor's Hot Line, (601) 354-4540, or to the Health Department, (601) 960-7769, will register a complaint. Written complaints are preferred. Confidentiality of complaints is assured by law, regulation, procedure and a commitment to the best interest of patients.

- Medicaid Fraud Unit
Attorney General's Office
Post Office Box 56
Jackson, MS 39205-0056

Contact: Mike Wallace, Director

Phone: (601) 354-6012

Purpose: The Unit was established by the legislature to investigate Medicaid fraud and to monitor payments made to nursing homes.

- Obtaining Survey Results-

Statement of Deficiencies, Plans of Correction, and Ownership Disclosure Forms may be obtained from Survey Agency by writing to:

Mendal G. Kemp, Director
Division of Licensure
and Certification
Post Office Box 1700
Jackson, MS 39215-1700

- Division of Medicaid
Office of the Governor
Robert E. Lee Building, Suite 801
339 North Lamar Street
Jackson, Mississippi 39201-1311

Contact: J. Clinton Smith, M.D., Director

Phone: (601) 359-6050

Purpose Program of medical assistance for the needy using state appropriated funds and federal matching funds within the provisions of Title XIX of the Social Security Act. The Agency sets rates for providers and reimburses them for services provided.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VIII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary—A nursing home operated for profit.

Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile “Selected Performance Indicators,” tells about the nursing home’s performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home’s performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, “The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.”

Column 1—Facility Met/Not Met: Shows either “Met” or “Not Met.” “Met” means that the nursing home performed satisfactorily in this area. “Not Met” would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE HILLCREST MANOR INC

Street Address:		City and State:	
505 JACKSON ST		ABERDEEN MS 39730	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	51.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	79.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	67.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	66.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	56.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	10	8.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	58.3	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	56	46.7	47.5	50.8
Residents requiring restraints.	49	40.8	37.4	41.3
Confused or disoriented residents.	83	69.2	59.0	58.4
Residents with bed sores.	6	5.0	4.8	7.1
Residents receiving special skin care.	2	1.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHOCTAW CO NH

Street Address: 148 W CHERRY ST		City and State: ACKERMAN MS 39735	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	45.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	55.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	47.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	35.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	5.1	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.4	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	12	20.3	47.5	50.8
Residents requiring restraints.	16	27.1	37.4	41.3
Confused or disoriented residents.	24	40.7	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	9	15.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMORY MANOR NH

Street Address: 1215 S BLVD DR		City and State: AMORY MS 38821	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 104
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	75.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	75.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	72.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	72.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	76.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	30.8	38.1	37.7
Completely bedfast residents.	10	8.3	8.2	3.4
Residents confined to chairs.	45	37.5	47.5	50.8
Residents requiring restraints.	26	21.7	37.4	41.3
Confused or disoriented residents.	100	83.3	59.0	58.4
Residents with bed sores.	6	5.0	4.8	7.1
Residents receiving special skin care.	4	3.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

NORTH MS MEDICAL CTR BALDWIN NURS FAC

Street Address: 423 N 2ND ST		City and State: BALDWIN MS 38824	
Participation: MEDICAID SNF/ICF	# of Beds: 36	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	Medicare Residents: 0	Medicaid Residents: 26		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	86.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	94.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	86.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	80.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	83.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	36.1	38.1	37.7
Completely bedfast residents.	8	22.2	8.2	3.4
Residents confined to chairs.	20	55.6	47.5	50.8
Residents requiring restraints.	8	22.2	37.4	41.3
Confused or disoriented residents.	30	83.3	59.0	58.4
Residents with bed sores.	5	13.9	4.8	7.1
Residents receiving special skin care.	36	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BATESVILLE MANOR NH

Street Address:		City and State:	
RT 1 HOSPITAL RD BOX 808		BATESVILLE MS 38606	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	98	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	73.9	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	63.9	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	35.3	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	28.6	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	21.8	35.0	59.1
Residents on individually written bowel and bladder retraining program.	3	2.5	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	6.7	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	22	18.5	17.3	39.1
Residents requiring restraints.	3	2.5	6.2	31.7
Confused or disoriented residents.	55	46.2	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	2	1.7	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOTEL REED NURSING CENTER

Street Address: PO BOX 731		City and State: BAY SAINT LOUIS MS 39520	
Participation: MEDICAID SNF/ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 0	Medicaid Residents: 53		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	76.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	90.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	74.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	72.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	76.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	46	63.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	16.4	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	47	64.4	47.5	50.8
Residents requiring restraints.	39	53.4	37.4	41.3
Confused or disoriented residents.	73	100	59.0	58.4
Residents with bed sores.	6	8.2	4.8	7.1
Residents receiving special skin care.	20	27.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JASPER CO NH

Street Address: 6TH ST BOX 527		City and State: BAY SPRINGS MS 39422	
Participation: MEDICAID SNF/ICF	# of Beds: 67	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	81.7	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	54	90.0	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	39	65.0	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	60.0	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	63.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.7	38.1	37.7
Completely bedfast residents.	4	6.7	8.2	3.4
Residents confined to chairs.	27	45.0	47.5	50.8
Residents requiring restraints.	16	26.7	37.4	41.3
Confused or disoriented residents.	20	33.3	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	28	46.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUMPHREYS CO MEMORIAL HOSP ECF

Street Address: 500 CCC ROAD		City and State: BELZONI MS 39038	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 9	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	Medicare Residents: 0	Medicaid Residents: 8
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	88.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	66.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	55.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	55.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	44.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	33.3	38.1	37.7
Completely bedfast residents.	2	22.2	8.2	3.4
Residents confined to chairs.	2	22.2	47.5	50.8
Residents requiring restraints.	1	11.1	37.4	41.3
Confused or disoriented residents.	6	66.7	59.0	58.4
Residents with bed sores.	1	11.1	4.8	7.1
Residents receiving special skin care.	3	33.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUMPHREYS CO NH

Street Address: 500 C C ROAD		City and State: BELZONI MS 39038	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 59	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	56.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	33.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	60.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	23	38.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.3	38.1	37.7
Completely bedfast residents.	4	6.7	8.2	3.4
Residents confined to chairs.	18	30.0	47.5	50.8
Residents requiring restraints.	21	35.0	37.4	41.3
Confused or disoriented residents.	14	23.3	59.0	58.4
Residents with bed sores.	1	1.7	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE KARE CENTRE

Street Address: 4001 ATKINSON RD		City and State: BILOXI MS 39531	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 15	Medicaid Residents: 115	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	88.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	93.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	90.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	91.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	64.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	22.3	38.1	37.7
Completely bedfast residents.	4	3.1	8.2	3.4
Residents confined to chairs.	86	66.2	47.5	50.8
Residents requiring restraints.	48	36.9	37.4	41.3
Confused or disoriented residents.	110	84.6	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	15	11.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALETHA LODGE NH INC

Street Address: 201 LONG ST		City and State: BOONEVILLE MS 38829	
Participation: MEDICAID SNF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 55
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	64	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	100	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	96.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	43.8	38.1	37.7
Completely bedfast residents.	2	3.1	8.2	3.4
Residents confined to chairs.	55	85.9	47.5	50.8
Residents requiring restraints.	36	56.3	37.4	41.3
Confused or disoriented residents.	53	82.8	59.0	58.4
Residents with bed sores.	6	9.4	4.8	7.1
Residents receiving special skin care.	6	9.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROSSGATES MANOR NH

Street Address: 355 CROSSGATES BLVD BOX 16		City and State: BRANDON MS 39042	
Participation: MEDICAID SNF/ICF	# of Beds: 230	Type of Ownership: PROPRIETARY	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	Medicare Residents: 0	Medicaid Residents: 169	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	67.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	70.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	162	72.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	67.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	52.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	19.3	38.1	37.7
Completely bedfast residents.	12	5.4	8.2	3.4
Residents confined to chairs.	68	30.5	47.5	50.8
Residents requiring restraints.	66	29.6	37.4	41.3
Confused or disoriented residents.	126	56.5	59.0	58.4
Residents with bed sores.	14	6.3	4.8	7.1
Residents receiving special skin care.	23	10.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOK MANOR NH

Street Address: BROOKMAN DR		City and State: BROOKHAVEN MS 39601	
Participation: MEDICAID SNF/ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 06/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 47	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	82.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	69.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	62.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	60.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	56.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	7	12.1	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.9	38.1	37.7
Completely bedfast residents.	1	1.7	8.2	3.4
Residents confined to chairs.	24	41.4	47.5	50.8
Residents requiring restraints.	29	50.0	37.4	41.3
Confused or disoriented residents.	41	70.7	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY BROOK LIVING CENTER

Street Address: 525 BROOKMAN DR		City and State: BROOKHAVEN MS 39601	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
118	0	101			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		70	59.3	82.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		104	88.1	81.8	83.2
Toileting					
Residents requiring some or total assistance in toileting.		78	66.1	71.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	58.5	71.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	52.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.		31	26.3	7.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	28.0	38.1	37.7
Completely bedfast residents.		1	0.8	8.2	3.4
Residents confined to chairs.		58	49.2	47.5	50.8
Residents requiring restraints.		53	44.9	37.4	41.3
Confused or disoriented residents.		83	70.3	59.0	58.4
Residents with bed sores.		6	5.1	4.8	7.1
Residents receiving special skin care.		58	49.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVEN HALL REST HOME

Street Address: PO BOX 848		City and State: BROOKHAVEN MS 39601	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 47
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	61.0	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	69.5	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	69.5	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	35.0	59.1
Residents on individually written bowel and bladder retraining program.	7	11.9	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.4	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	10	16.9	17.3	39.1
Residents requiring restraints.	7	11.9	6.2	31.7
Confused or disoriented residents.	40	67.8	36.9	55.8
Residents with bed sores.	4	6.8	1.7	4.7
Residents receiving special skin care.	5	8.5	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVER CROSS NH

Street Address: 303 N JACKSON		City and State: BROOKHAVEN MS 39601	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	96.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	98.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	68.4	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	56.1	38.1	37.7
Completely bedfast residents.	6	10.5	8.2	3.4
Residents confined to chairs.	21	36.8	47.5	50.8
Residents requiring restraints.	22	38.6	37.4	41.3
Confused or disoriented residents.	52	91.2	59.0	58.4
Residents with bed sores.	2	3.5	4.8	7.1
Residents receiving special skin care.	57	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALHOUN CO NH

Street Address: PO BOX 110		City and State: CALHOUN CITY MS 38916	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 94	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	79	66.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	72.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	81.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	69.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	52.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	31.9	38.1	37.7
Completely bedfast residents.	6	5.0	8.2	3.4
Residents confined to chairs.	26	21.8	47.5	50.8
Residents requiring restraints.	54	45.4	37.4	41.3
Confused or disoriented residents.	62	52.1	59.0	58.4
Residents with bed sores.	4	3.4	4.8	7.1
Residents receiving special skin care.	24	20.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADISON CO NH

Street Address: PO BOX 281		City and State: CANTON MS 39046	
Participation: MEDICAID SNF	# of Beds: 60	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	94.9	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	54	91.5	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	54	91.5	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	91.5	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	54.2	38.1	37.7
Completely bedfast residents.	1	1.7	8.2	3.4
Residents confined to chairs.	31	52.5	47.5	50.8
Residents requiring restraints.	30	50.8	37.4	41.3
Confused or disoriented residents.	34	57.6	59.0	58.4
Residents with bed sores.	4	6.8	4.8	7.1
Residents receiving special skin care.	8	13.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARTHAGE HEALTH CARE CENTER

Street Address: 1101 E FRANKLIN ST		City and State: CARTHAGE MS 39051	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 81
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	66.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	62.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	71.9	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	43.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	67.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	7	7.9	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	21.3	38.1	37.7
Completely bedfast residents.	2	2.2	8.2	3.4
Residents confined to chairs.	28	31.5	47.5	50.8
Residents requiring restraints.	30	33.7	37.4	41.3
Confused or disoriented residents.	55	61.8	59.0	58.4
Residents with bed sores.	2	2.2	4.8	7.1
Residents receiving special skin care.	17	19.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEAKE CO EXTENDED CARE UNIT

Street Address: 300 ELLIS AVE		City and State: CARTHAGE MS 39051	
Participation: MEDICAID SNF	# of Beds: 40	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	78.9	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	30	78.9	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	31	81.6	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	68.4	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	57.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	36.8	38.1	37.7
Completely bedfast residents.	2	5.3	8.2	3.4
Residents confined to chairs.	22	57.9	47.5	50.8
Residents requiring restraints.	10	26.3	37.4	41.3
Confused or disoriented residents.	25	65.8	59.0	58.4
Residents with bed sores.	7	18.4	4.8	7.1
Residents receiving special skin care.	5	13.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTREVILLE HEALTH CARE CENTER

Street Address:		City and State:	
188 LAFAYETTE ST BOX 69		CENTREVILLE MS 39631	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	96	PROPRIETARY	07/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	79	89.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	81.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	64.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	95.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	58.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	37.5	38.1	37.7
Completely bedfast residents.	1	1.1	8.2	3.4
Residents confined to chairs.	51	58.0	47.5	50.8
Residents requiring restraints.	14	15.9	37.4	41.3
Confused or disoriented residents.	54	61.4	59.0	58.4
Residents with bed sores.	7	8.0	4.8	7.1
Residents receiving special skin care.	15	17.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TALLAHATCHIE GEN HOSP

Street Address: 202 MARKET ST BOX F		City and State: CHARLESTON MS 38921	
Participation: MEDICAID SNF	# of Beds: 50	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 31	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	67.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	42.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	42.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	40.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	10	25.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	20.0	38.1	37.7
Completely bedfast residents.	3	7.5	8.2	3.4
Residents confined to chairs.	12	30.0	47.5	50.8
Residents requiring restraints.	2	5.0	37.4	41.3
Confused or disoriented residents.	8	20.0	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	40	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENBOUGH NURSING CENTER

Street Address: 340 DESOTO AV		City and State: CLARKSDALE MS 38641	
Participation: MEDICAID SNF/ICF	# of Beds: 66	Type of Ownership: PROPRIETARY	Survey Date: 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	62.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	95.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	83.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	90.9	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	60.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	27.3	38.1	37.7
Completely bedfast residents.	1	1.5	8.2	3.4
Residents confined to chairs.	49	74.2	47.5	50.8
Residents requiring restraints.	19	28.8	37.4	41.3
Confused or disoriented residents.	15	22.7	59.0	58.4
Residents with bed sores.	4	6.1	4.8	7.1
Residents receiving special skin care.	12	18.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER OAKS CONVALESCENT CENTER

Street Address:		City and State:	
1120 RITCHEY AVENUE		CLARKSDALE MS 38614	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	0	93	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	91.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	70.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	62.4	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	51.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	55.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	51.3	38.1	37.7
Completely bedfast residents.	2	1.7	8.2	3.4
Residents confined to chairs.	53	45.3	47.5	50.8
Residents requiring restraints.	54	46.2	37.4	41.3
Confused or disoriented residents.	94	80.3	59.0	58.4
Residents with bed sores.	4	3.4	4.8	7.1
Residents receiving special skin care.	8	6.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOLIVER CO HOSP

Street Address: HIGHWAY 8 EAST		City and State: CLEVELAND MS 38732	
Participation: MEDICAID SNF	# of Beds: 34	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	Medicare Residents: 0	Medicaid Residents: 14
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	88.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	85.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	73.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	67.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	52.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	23.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	47.1	38.1	37.7
Completely bedfast residents.	4	11.8	8.2	3.4
Residents confined to chairs.	15	44.1	47.5	50.8
Residents requiring restraints.	11	32.4	37.4	41.3
Confused or disoriented residents.	20	58.8	59.0	58.4
Residents with bed sores.	1	2.9	4.8	7.1
Residents receiving special skin care.	16	47.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEVELAND HEALTH CARE CENTER

Street Address: HWY 8 E BOX 988		City and State: CLEVELAND MS 38732	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 106		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	88.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	80.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	65.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	89.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	60.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	7	5.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.2	38.1	37.7
Completely bedfast residents.	9	7.5	8.2	3.4
Residents confined to chairs.	51	42.5	47.5	50.8
Residents requiring restraints.	36	30.0	37.4	41.3
Confused or disoriented residents.	97	80.8	59.0	58.4
Residents with bed sores.	8	6.7	4.8	7.1
Residents receiving special skin care.	25	20.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF CLEVELAND

Street Address: 200 PEARMAN RD		City and State: CLEVELAND MS 38732	
Participation: MEDICAID SNF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 64
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	68	90.7	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	66	88.0	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	66	88.0	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	81.3	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	73.3	62.9	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	45.3	38.1	37.7
 Completely bedfast residents.	11	14.7	8.2	3.4
 Residents confined to chairs.	47	62.7	47.5	50.8
 Residents requiring restraints.	28	37.3	37.4	41.3
 Confused or disoriented residents.	54	72.0	59.0	58.4
 Residents with bed sores.	4	5.3	4.8	7.1
 Residents receiving special skin care.	13	17.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLINTON COUNTRY MANOR

Street Address:		City and State:	
1251 PINEHAVEN ROAD		CLINTON MS 39056	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	71.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	72.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	59.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	66.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	62.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	38.1	38.1	37.7
Completely bedfast residents.	4	3.4	8.2	3.4
Residents confined to chairs.	70	59.3	47.5	50.8
Residents requiring restraints.	46	39.0	37.4	41.3
Confused or disoriented residents.	76	64.4	59.0	58.4
Residents with bed sores.	4	3.4	4.8	7.1
Residents receiving special skin care.	25	21.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF CLINTON

Street Address:		City and State:	
101 W NORTHSIDE DR		CLINTON MS 39056	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	135	PROPRIETARY	04/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	100	74.6	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	70.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	65.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	59.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	62.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	41.0	38.1	37.7
Completely bedfast residents.	4	3.0	8.2	3.4
Residents confined to chairs.	69	51.5	47.5	50.8
Residents requiring restraints.	48	35.8	37.4	41.3
Confused or disoriented residents.	68	50.7	59.0	58.4
Residents with bed sores.	1	0.7	4.8	7.1
Residents receiving special skin care.	4	3.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COVINGTON NURSING CENTER

Street Address: 1207 OLD HWY 49 S BOX 775		City and State: COLLINS MS 39428	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
60	0	54			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	100	82.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		52	86.7	81.8	83.2
Toileting					
Residents requiring some or total assistance in toileting.		50	83.3	71.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	83.3	71.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	55.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		57	95.0	38.1	37.7
Completely bedfast residents.		6	10.0	8.2	3.4
Residents confined to chairs.		48	80.0	47.5	50.8
Residents requiring restraints.		27	45.0	37.4	41.3
Confused or disoriented residents.		4	6.7	59.0	58.4
Residents with bed sores.		3	5.0	4.8	7.1
Residents receiving special skin care.		45	75.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF COLUMBIA

Street Address: N MAIN ST BOX 70		City and State: COLUMBIA MS 39429	
Participation: MEDICAID SNF/ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 106
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	80.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	89.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	79.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	67.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	46.6	38.1	37.7
Completely bedfast residents.	15	12.7	8.2	3.4
Residents confined to chairs.	60	50.8	47.5	50.8
Residents requiring restraints.	75	63.6	37.4	41.3
Confused or disoriented residents.	99	83.9	59.0	58.4
Residents with bed sores.	4	3.4	4.8	7.1
Residents receiving special skin care.	1	0.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE CEDARS

Street Address: 511 MAIN ST		City and State: COLUMBIA MS 39429	
Participation: MEDICAID ICF	# of Beds: 32	Type of Ownership: PROPRIETARY	Survey Date: 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 0	Medicaid Residents: 29
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	20.7	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	48.3	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	24.1	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	24.1	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	24.1	35.0	59.1
Residents on individually written bowel and bladder retraining program.	3	10.3	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	17.2	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	10.3	17.3	39.1
Residents requiring restraints.	2	6.9	6.2	31.7
Confused or disoriented residents.	5	17.2	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	2	6.9	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE MYRTLES HEALTH CARE CENTER

Street Address: 1018 ALBERTA AVE		City and State: COLUMBIA MS 39429	
Participation: MEDICAID SNF/ICF	# of Beds: 66	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	77.3	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	55	83.3	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	50	75.8	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	86.4	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	51.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	31.8	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	42	63.6	47.5	50.8
Residents requiring restraints.	24	36.4	37.4	41.3
Confused or disoriented residents.	24	36.4	59.0	58.4
Residents with bed sores.	1	1.5	4.8	7.1
Residents receiving special skin care.	3	4.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AURORA AUSTRALIS LODGE

Street Address:		City and State:	
310 N 20TH ST E		COLUMBUS MS 39701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
117	0	85		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	91.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	91.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	70.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	16.2	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	29.9	38.1	37.7
Completely bedfast residents.	3	2.6	8.2	3.4
Residents confined to chairs.	54	46.2	47.5	50.8
Residents requiring restraints.	43	36.8	37.4	41.3
Confused or disoriented residents.	64	54.7	59.0	58.4
Residents with bed sores.	6	5.1	4.8	7.1
Residents receiving special skin care.	5	4.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAGNOLIA MANOR NH

Street Address: 2002 5TH ST		City and State: COLUMBUS MS 39701	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	90.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	78.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	78.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	88.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	78.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.3	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	19	31.7	47.5	50.8
Residents requiring restraints.	26	43.3	37.4	41.3
Confused or disoriented residents.	50	83.3	59.0	58.4
Residents with bed sores.	3	5.0	4.8	7.1
Residents receiving special skin care.	11	18.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN ALCORN COUNTY

Street Address:		City and State:	
JOANNE DR BOX 751		CORINTH MS 38834	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	75.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	75.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	66.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	60.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	55.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	6.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	32.5	38.1	37.7
Completely bedfast residents.	14	11.7	8.2	3.4
Residents confined to chairs.	72	60.0	47.5	50.8
Residents requiring restraints.	43	35.8	37.4	41.3
Confused or disoriented residents.	55	45.8	59.0	58.4
Residents with bed sores.	12	10.0	4.8	7.1
Residents receiving special skin care.	24	20.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARITAGE MANOR OF CORINTH

Street Address: PO BOX 1417		City and State: CORINTH MS 38834	
Participation: MEDICAID SNF/ICF	# of Beds: 95	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 84
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	97.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	97.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	81.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	83.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	37.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	29.5	38.1	37.7
Completely bedfast residents.	2	2.1	8.2	3.4
Residents confined to chairs.	68	71.6	47.5	50.8
Residents requiring restraints.	26	27.4	37.4	41.3
Confused or disoriented residents.	44	46.3	59.0	58.4
Residents with bed sores.	2	2.1	4.8	7.1
Residents receiving special skin care.	8	8.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITFIELD NH

Street Address:		City and State:	
2101 E PROPER ST		CORINTH MS 38834	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	44	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
43	0	39	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	30.2	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	79.1	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	30.2	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	48.8	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	23.3	35.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	14.0	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	9.3	17.3	39.1
Residents requiring restraints.	3	7.0	6.2	31.7
Confused or disoriented residents.	12	27.9	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	2	4.7	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KEMPER CO NH

Street Address: WILLOW AVE BOX 577		City and State: DEKALB MS 39328	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 42
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	40	66.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	78.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	71.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	65.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	5.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	45.0	38.1	37.7
Completely bedfast residents.	4	6.7	8.2	3.4
Residents confined to chairs.	23	38.3	47.5	50.8
Residents requiring restraints.	12	20.0	37.4	41.3
Confused or disoriented residents.	39	65.0	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	10	16.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK GROVE RETIREMENT HOME

Street Address:		City and State:	
430 OAK AVE BOX 157		DUNCAN MS 38740	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	59	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
58	0	53		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	51.7	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	65.5	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	24.1	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	37.9	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	29.3	35.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	3.4	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	12	20.7	17.3	39.1
Residents requiring restraints.	0	0.0	6.2	31.7
Confused or disoriented residents.	4	6.9	36.9	55.8
Residents with bed sores.	2	3.4	1.7	4.7
Residents receiving special skin care.	30	51.7	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSIDE SNF/ICF

Street Address: ELLISVILLE STATE SCHOOL		City and State: ELLISVILLE MS 39437	
Participation: MEDICAID SNF/ICF	# of Beds: 88	Type of Ownership: STATE GOVERNMENT	Survey Date: 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 86	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	74.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	83.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	46.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	21.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	43.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	4.6	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	35.6	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	4	4.6	47.5	50.8
Residents requiring restraints.	6	6.9	37.4	41.3
Confused or disoriented residents.	78	89.7	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	24	27.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

JONES CO REST HOME

Street Address:		City and State:	
RT 4 BOX 194		ELLISVILLE MS 39437	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	70.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	81.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	72.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	61.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	47.5	38.1	37.7
Completely bedfast residents.	5	4.2	8.2	3.4
Residents confined to chairs.	50	42.4	47.5	50.8
Residents requiring restraints.	45	38.1	37.4	41.3
Confused or disoriented residents.	67	56.8	59.0	58.4
Residents with bed sores.	5	4.2	4.8	7.1
Residents receiving special skin care.	118	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKEVIEW SKILLED NH

Street Address: ELLISVILLE STATE SCHOOL		City and State: ELLISVILLE MS 39437	
Participation: MEDICAID SNF	# of Beds: 155	Type of Ownership: STATE GOVERNMENT	Survey Date: 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 0	Medicaid Residents: 123	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	97.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	130	95.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	97.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	22.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	38.2	38.1	37.7
Completely bedfast residents.	116	85.3	8.2	3.4
Residents confined to chairs.	24	17.6	47.5	50.8
Residents requiring restraints.	122	89.7	37.4	41.3
Confused or disoriented residents.	133	97.8	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	121	89.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EUPORA HEALTH CARE CENTER

Street Address: 200 WALNUT ST		City and State: EUPORA MS 39744	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 69
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	69.7	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	62	69.7	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	53	59.6	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	65.2	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	59.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	37.1	38.1	37.7
Completely bedfast residents.	6	6.7	8.2	3.4
Residents confined to chairs.	52	58.4	47.5	50.8
Residents requiring restraints.	19	21.3	37.4	41.3
Confused or disoriented residents.	51	57.3	59.0	58.4
Residents with bed sores.	2	2.2	4.8	7.1
Residents receiving special skin care.	5	5.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIAR HILL REST HOME

Street Address: RT 1 BOX 157		City and State: FLORENCE MS 39073	
Participation: MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	98.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	96.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	74.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	83.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	85.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.5	38.1	37.7
Completely bedfast residents.	1	1.8	8.2	3.4
Residents confined to chairs.	4	7.3	47.5	50.8
Residents requiring restraints.	27	49.1	37.4	41.3
Confused or disoriented residents.	55	100	59.0	58.4
Residents with bed sores.	2	3.6	4.8	7.1
Residents receiving special skin care.	2	3.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DANIEL NH

Street Address:		City and State:	
HWY 25 S RT 5 BOX 219		FULTON MS 38843	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	105		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	88.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	81.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	74.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	76.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.0	38.1	37.7
Completely bedfast residents.	12	10.0	8.2	3.4
Residents confined to chairs.	46	38.3	47.5	50.8
Residents requiring restraints.	72	60.0	37.4	41.3
Confused or disoriented residents.	95	79.2	59.0	58.4
Residents with bed sores.	2	1.7	4.8	7.1
Residents receiving special skin care.	10	8.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARNOLD AVE NH

Street Address: 402 ARNOLD AV		City and State: GREENVILLE MS 38701	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 37
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	82.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	72.4	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	62.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	60.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.9	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	34.5	38.1	37.7
Completely bedfast residents.	2	3.4	8.2	3.4
Residents confined to chairs.	26	44.8	47.5	50.8
Residents requiring restraints.	19	32.8	37.4	41.3
Confused or disoriented residents.	40	69.0	59.0	58.4
Residents with bed sores.	5	8.6	4.8	7.1
Residents receiving special skin care.	5	8.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN LEAVES NH

Street Address:		City and State:	
570 N SOLOMON ST BOX H842		GREENVILLE MS 38701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	96.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	84.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	100	62.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	38.6	38.1	37.7
Completely bedfast residents.	15	26.3	8.2	3.4
Residents confined to chairs.	35	61.4	47.5	50.8
Residents requiring restraints.	18	31.6	37.4	41.3
Confused or disoriented residents.	29	50.9	59.0	58.4
Residents with bed sores.	4	7.0	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENVILLE CONVALESCENT HOME

Street Address:		City and State:	
1935 N THEOBALD EXT		GREENVILLE MS 38701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	92.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	42.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	59.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	61.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	52.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	14.0	38.1	37.7
Completely bedfast residents.	6	5.3	8.2	3.4
Residents confined to chairs.	48	42.1	47.5	50.8
Residents requiring restraints.	25	21.9	37.4	41.3
Confused or disoriented residents.	51	44.7	59.0	58.4
Residents with bed sores.	6	5.3	4.8	7.1
Residents receiving special skin care.	1	0.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MISSISSIPPI EXTENDED CARE INC

Street Address: 1221 E UNION ST		City and State: GREENVILLE MS 38701	
Participation: MEDICAID SNF/ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 88
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	86.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	87.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	69.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	78.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	62.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	30.4	38.1	37.7
Completely bedfast residents.	8	7.0	8.2	3.4
Residents confined to chairs.	65	56.5	47.5	50.8
Residents requiring restraints.	46	40.0	37.4	41.3
Confused or disoriented residents.	69	60.0	59.0	58.4
Residents with bed sores.	4	3.5	4.8	7.1
Residents receiving special skin care.	4	3.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE NH INC

Street Address: HWY 82 E BOX 853		City and State: GREENWOOD MS 38930	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 179	Medicare Residents: 0	Medicaid Residents: 129
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	119	66.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	149	83.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	64.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	67.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	61.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	36.3	38.1	37.7
Completely bedfast residents.	3	1.7	8.2	3.4
Residents confined to chairs.	98	54.7	47.5	50.8
Residents requiring restraints.	41	22.9	37.4	41.3
Confused or disoriented residents.	78	43.6	59.0	58.4
Residents with bed sores.	7	3.9	4.8	7.1
Residents receiving special skin care.	13	7.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF GREENWOOD

Street Address: PO BOX 1670		City and State: GREENWOOD MS 38930	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 0	Medicaid Residents: 108
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	80.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	53.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	71.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	90.9	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	50.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	42.7	38.1	37.7
Completely bedfast residents.	17	15.5	8.2	3.4
Residents confined to chairs.	25	22.7	47.5	50.8
Residents requiring restraints.	43	39.1	37.4	41.3
Confused or disoriented residents.	50	45.5	59.0	58.4
Residents with bed sores.	4	3.6	4.8	7.1
Residents receiving special skin care.	4	3.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEMBERTON MANOR INC

Street Address:		City and State:	
PO BOX 1958		GREENWOOD MS 38930	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	107	89.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	66.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	61.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	61.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	19	15.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	25.0	38.1	37.7
Completely bedfast residents.	10	8.3	8.2	3.4
Residents confined to chairs.	54	45.0	47.5	50.8
Residents requiring restraints.	19	15.8	37.4	41.3
Confused or disoriented residents.	48	40.0	59.0	58.4
Residents with bed sores.	8	6.7	4.8	7.1
Residents receiving special skin care.	8	6.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANDVIEW NH

Street Address:		City and State:	
1950 GRANDVIEW DR		GRENADA MS 38901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	0	98		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	80.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	82.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	73.9	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	73.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	7.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	51.3	38.1	37.7
Completely bedfast residents.	6	5.2	8.2	3.4
Residents confined to chairs.	50	43.5	47.5	50.8
Residents requiring restraints.	40	34.8	37.4	41.3
Confused or disoriented residents.	60	52.2	59.0	58.4
Residents with bed sores.	7	6.1	4.8	7.1
Residents receiving special skin care.	14	12.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF GRENADA

Street Address:		City and State:	
1966 HILL DR		GRENADA MS 38901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	137	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	0	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	99	73.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	68.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	65.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	73.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	54.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	5.9	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	31.1	38.1	37.7
Completely bedfast residents.	17	12.6	8.2	3.4
Residents confined to chairs.	74	54.8	47.5	50.8
Residents requiring restraints.	48	35.6	37.4	41.3
Confused or disoriented residents.	49	36.3	59.0	58.4
Residents with bed sores.	9	6.7	4.8	7.1
Residents receiving special skin care.	19	14.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRITTHAVEN OF GULFPORT AND DP-ICF

Street Address: 1530 BROAD AVE		City and State: GULFPORT MS 39501	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 92	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	86.6	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	88.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	76.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	71.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	68.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.3	38.1	37.7
Completely bedfast residents.	7	5.9	8.2	3.4
Residents confined to chairs.	52	43.7	47.5	50.8
Residents requiring restraints.	47	39.5	37.4	41.3
Confused or disoriented residents.	64	53.8	59.0	58.4
Residents with bed sores.	16	13.4	4.8	7.1
Residents receiving special skin care.	45	37.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DRIFTWOOD NH

Street Address: 4520 15TH ST		City and State: GULFPORT MS 39501	
Participation: MEDICAID SNF	# of Beds: 131	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	Medicare Residents: 0	Medicaid Residents: 57
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	120	94.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	91.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	78.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	80.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	80.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	45	35.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	61.4	38.1	37.7
Completely bedfast residents.	5	3.9	8.2	3.4
Residents confined to chairs.	80	63.0	47.5	50.8
Residents requiring restraints.	44	34.6	37.4	41.3
Confused or disoriented residents.	113	89.0	59.0	58.4
Residents with bed sores.	6	4.7	4.8	7.1
Residents receiving special skin care.	54	42.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVA REST NORTHGATE MONROE HALL

Street Address: 300 CAHAL ST		City and State: HATTIESBURG MS 39401	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 88
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	66.0	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	71.1	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	28.9	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	35.1	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	47.4	35.0	59.1
Residents on individually written bowel and bladder retraining program.	17	17.5	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	9.3	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	13	13.4	17.3	39.1
Residents requiring restraints.	12	12.4	6.2	31.7
Confused or disoriented residents.	24	24.7	36.9	55.8
Residents with bed sores.	1	1.0	1.7	4.7
Residents receiving special skin care.	3	3.1	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVA REST NORTHGATE WARREN HALL

Street Address:		City and State:	
298 CAHAL ST		HATTIESBURG MS 39401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	120	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	69.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	89.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	69.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	36.1	38.1	37.7
Completely bedfast residents.	10	8.4	8.2	3.4
Residents confined to chairs.	87	73.1	47.5	50.8
Residents requiring restraints.	61	51.3	37.4	41.3
Confused or disoriented residents.	98	82.4	59.0	58.4
Residents with bed sores.	22	18.5	4.8	7.1
Residents receiving special skin care.	23	19.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT REST NH

Street Address:		City and State:	
MEDICAL BLVD		HATTIESBURG MS 39401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	192	PROPRIETARY	04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
185	0	129		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	173	93.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	176	95.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	74.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	76.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	149	80.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	2.2	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	37.3	38.1	37.7
Completely bedfast residents.	11	5.9	8.2	3.4
Residents confined to chairs.	116	62.7	47.5	50.8
Residents requiring restraints.	44	23.8	37.4	41.3
Confused or disoriented residents.	92	49.7	59.0	58.4
Residents with bed sores.	14	7.6	4.8	7.1
Residents receiving special skin care.	36	19.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HATTIESBURG CONVALESCENT CENTER

Street Address: 514 BAY ST		City and State: HATTIESBURG MS 39401	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	Medicare Residents: 0	Medicaid Residents: 121	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	93.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	154	93.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	143	87.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	87.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	119	72.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	5	3.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	35.4	38.1	37.7
Completely bedfast residents.	17	10.4	8.2	3.4
Residents confined to chairs.	0	0.0	47.5	50.8
Residents requiring restraints.	20	12.2	37.4	41.3
Confused or disoriented residents.	65	39.6	59.0	58.4
Residents with bed sores.	7	4.3	4.8	7.1
Residents receiving special skin care.	15	9.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE CREST CARE CENTER

Street Address: 133 PINE ST		City and State: HAZLEHURST MS 39083	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 86	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	72.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	83.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	71.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	69.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	85.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	9	7.6	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.8	38.1	37.7
Completely bedfast residents.	11	9.3	8.2	3.4
Residents confined to chairs.	61	51.7	47.5	50.8
Residents requiring restraints.	46	39.0	37.4	41.3
Confused or disoriented residents.	66	55.9	59.0	58.4
Residents with bed sores.	4	3.4	4.8	7.1
Residents receiving special skin care.	1	0.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF HOLY SPRINGS

Street Address: HWY 4 E BOX 640		City and State: HOLLY SPRINGS MS 38635	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 103	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	67.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	49.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	50.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	46.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	30.8	38.1	37.7
Completely bedfast residents.	2	1.7	8.2	3.4
Residents confined to chairs.	26	21.7	47.5	50.8
Residents requiring restraints.	29	24.2	37.4	41.3
Confused or disoriented residents.	71	59.2	59.0	58.4
Residents with bed sores.	2	1.7	4.8	7.1
Residents receiving special skin care.	120	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLOY DYER EXTENDED CARE FACILITY

Street Address:		City and State:	
HWY 8 E		HOUSTON MS 38851	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	66	PROPRIETARY	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
65	0	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	75.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	78.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	61.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	64.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	61.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	36.9	38.1	37.7
Completely bedfast residents.	7	10.8	8.2	3.4
Residents confined to chairs.	23	35.4	47.5	50.8
Residents requiring restraints.	8	12.3	37.4	41.3
Confused or disoriented residents.	36	55.4	59.0	58.4
Residents with bed sores.	2	3.1	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF INDIANOLA

Street Address: 401 HWY 82 W		City and State: INDIANOLA MS 38751	
Participation: MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 62
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	97.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	90.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	80.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	80.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	65.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	50.7	38.1	37.7
Completely bedfast residents.	10	13.3	8.2	3.4
Residents confined to chairs.	34	45.3	47.5	50.8
Residents requiring restraints.	33	44.0	37.4	41.3
Confused or disoriented residents.	38	50.7	59.0	58.4
Residents with bed sores.	4	5.3	4.8	7.1
Residents receiving special skin care.	24	32.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PICKWICK MANOR NH

Street Address: 230 KAKI ST		City and State: IUKA MS 38852	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 96
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	95.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	74.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	74.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	74.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	67.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.0	38.1	37.7
Completely bedfast residents.	5	4.2	8.2	3.4
Residents confined to chairs.	67	55.8	47.5	50.8
Residents requiring restraints.	55	45.8	37.4	41.3
Confused or disoriented residents.	58	48.3	59.0	58.4
Residents with bed sores.	12	10.0	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALBEMARLE HEALTH CARE CENTER

Street Address:		City and State:	
3454 ALBEMARLE RD		JACKSON MS 39213	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	119	PROPRIETARY	01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	86.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	87.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	86.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	86.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	85.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.7	38.1	37.7
Completely bedfast residents.	4	3.4	8.2	3.4
Residents confined to chairs.	80	69.0	47.5	50.8
Residents requiring restraints.	50	43.1	37.4	41.3
Confused or disoriented residents.	77	66.4	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	13	11.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELHAVEN NH

Street Address:		City and State:	
1004 NORTH ST		JACKSON MS 39202	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
57	0	45	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	59.6	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	61.4	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	57.9	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	57.9	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	28.1	35.0	59.1
Residents on individually written bowel and bladder retraining program.	3	5.3	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.8	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	21	36.8	17.3	39.1
Residents requiring restraints.	5	8.8	6.2	31.7
Confused or disoriented residents.	29	50.9	36.9	55.8
Residents with bed sores.	1	1.8	1.7	4.7
Residents receiving special skin care.	1	1.8	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARTERS GUEST HOUSE INC

Street Address:		City and State:	
941 COOPER RD		JACKSON MS 39212	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	53	PROPRIETARY	02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
52	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	73.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	84.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	75.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	55.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	38.5	38.1	37.7
Completely bedfast residents.	3	5.8	8.2	3.4
Residents confined to chairs.	28	53.8	47.5	50.8
Residents requiring restraints.	25	48.1	37.4	41.3
Confused or disoriented residents.	33	63.5	59.0	58.4
Residents with bed sores.	2	3.8	4.8	7.1
Residents receiving special skin care.	1	1.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY NH

Street Address:		City and State:	
1129 LANGLEY AVE		JACKSON MS 39204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT OTHER	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
54	0	43		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	51.9	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	57.4	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	33.3	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	29.6	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	31.5	35.0	59.1
Residents on individually written bowel and bladder retraining program.	12	22.2	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.9	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	3.7	17.3	39.1
Residents requiring restraints.	5	9.3	6.2	31.7
Confused or disoriented residents.	29	53.7	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	6	11.1	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMPERE NH INC

Street Address: 865 NORTH ST		City and State: JACKSON MS 39202	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 15
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	81.7	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	55	91.7	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	46	76.7	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	91.7	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	73.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	6	10.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	36.7	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	24	40.0	47.5	50.8
Residents requiring restraints.	25	41.7	37.4	41.3
Confused or disoriented residents.	35	58.3	59.0	58.4
Residents with bed sores.	3	5.0	4.8	7.1
Residents receiving special skin care.	5	8.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COTTAGE GROVE NH

Street Address:		City and State:	
3636 LAMPTON AVE		JACKSON MS 39213	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	28	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	70.4	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	74.1	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	51.9	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	77.8	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	40.7	35.0	59.1
Residents on individually written bowel and bladder retraining program.	11	40.7	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	7.4	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	14.8	17.3	39.1
Residents requiring restraints.	2	7.4	6.2	31.7
Confused or disoriented residents.	13	48.1	36.9	55.8
Residents with bed sores.	1	3.7	1.7	4.7
Residents receiving special skin care.	27	100	14.0	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRAWFORD NH

Street Address: 927 COOPER RD		City and State: JACKSON MS 39212	
Participation: MEDICAID ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 46	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	91.3	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	91.3	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	46.4	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	72.5	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	34.8	35.0	59.1
Residents on individually written bowel and bladder retraining program.	3	4.3	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.0	13.7	29.3
Completely bedfast residents.	2	2.9	0.2	3.6
Residents confined to chairs.	23	33.3	17.3	39.1
Residents requiring restraints.	7	10.1	6.2	31.7
Confused or disoriented residents.	17	24.6	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	1	1.4	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INGLEWOOD MANOR

Street Address:		City and State:	
1900 CHADWICK DRIVE		JACKSON MS 39204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	102	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
102	0	57	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	76.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	79.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	61.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	62.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	52.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	26.5	38.1	37.7
Completely bedfast residents.	6	5.9	8.2	3.4
Residents confined to chairs.	43	42.2	47.5	50.8
Residents requiring restraints.	32	31.4	37.4	41.3
Confused or disoriented residents.	47	46.1	59.0	58.4
Residents with bed sores.	13	12.7	4.8	7.1
Residents receiving special skin care.	2	2.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKELAND NURSING CENTER

Street Address:		City and State:	
3680 LAKELAND LANE		JACKSON MS 39216	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	105	PROPRIETARY	04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	92.6	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	84.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	63.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	87.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	77.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	9	9.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	37.9	38.1	37.7
Completely bedfast residents.	1	1.1	8.2	3.4
Residents confined to chairs.	36	37.9	47.5	50.8
Residents requiring restraints.	30	31.6	37.4	41.3
Confused or disoriented residents.	52	54.7	59.0	58.4
Residents with bed sores.	5	5.3	4.8	7.1
Residents receiving special skin care.	31	32.6	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAGNOLIA HOME FOR CONVALESCENTS

Street Address:		City and State:	
3701 PETER QUINN DRIVE		JACKSON MS 39213	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	49		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	100	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	59.3	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	33.9	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	25.4	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	33.9	35.0	59.1
Residents on individually written bowel and bladder retraining program.	15	25.4	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	13.6	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	13	22.0	17.3	39.1
Residents requiring restraints.	1	1.7	6.2	31.7
Confused or disoriented residents.	21	35.6	36.9	55.8
Residents with bed sores.	1	1.7	1.7	4.7
Residents receiving special skin care.	2	3.4	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANHATTAN HEALTH CARE CENTER

Street Address:		City and State:	
4540 MANHATTAN ROAD		JACKSON MS 39206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	180	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	141	79.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	82.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	76.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	100	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	68.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	4.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	20.3	38.1	37.7
Completely bedfast residents.	8	4.5	8.2	3.4
Residents confined to chairs.	83	46.9	47.5	50.8
Residents requiring restraints.	61	34.5	37.4	41.3
Confused or disoriented residents.	100	56.5	59.0	58.4
Residents with bed sores.	4	2.3	4.8	7.1
Residents receiving special skin care.	30	16.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MISS CHILDRENS REHAB CENTER

Street Address: 777 LAKELAND DR BOX 4663		City and State: JACKSON MS 39216	
Participation: MEDICAID ICF	# of Beds: 41	Type of Ownership: STATE GOVERNMENT	Survey Date: 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	Medicare Residents: 0	Medicaid Residents: 2
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	66.7	69.5	78.3
Dressing Residents requiring some or total assistance in dressing.	2	66.7	66.3	76.7
Toileting Residents requiring some or total assistance in toileting.	3	100	38.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	48.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	35.0	59.1
 Residents on individually written bowel and bladder retraining program.	2	66.7	13.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	33.3	13.7	29.3
 Completely bedfast residents.	0	0.0	0.2	3.6
 Residents confined to chairs.	3	100	17.3	39.1
 Residents requiring restraints.	0	0.0	6.2	31.7
 Confused or disoriented residents.	0	0.0	36.9	55.8
 Residents with bed sores.	1	33.3	1.7	4.7
 Residents receiving special skin care.	3	100	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT HILLS HEALTH CENTER

Street Address: 1600 RAYMOND ROAD		City and State: JACKSON MS 39204	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 31	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	90.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	75.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	76.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	63.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	13.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	28.3	38.1	37.7
Completely bedfast residents.	1	1.7	8.2	3.4
Residents confined to chairs.	29	48.3	47.5	50.8
Residents requiring restraints.	26	43.3	37.4	41.3
Confused or disoriented residents.	17	28.3	59.0	58.4
Residents with bed sores.	3	5.0	4.8	7.1
Residents receiving special skin care.	15	25.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ATTALLA CO NURSING CENTER

Street Address:		City and State:	
HIGHWAY 12 W		KOSCIUSKO MS 39090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	119	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	91.6	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	91.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	57.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	63.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	54.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	41	34.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	49.6	38.1	37.7
Completely bedfast residents.	16	13.4	8.2	3.4
Residents confined to chairs.	51	42.9	47.5	50.8
Residents requiring restraints.	48	40.3	37.4	41.3
Confused or disoriented residents.	56	47.1	59.0	58.4
Residents with bed sores.	3	2.5	4.8	7.1
Residents receiving special skin care.	119	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAVIDSON REST HOME

Street Address: 616 E 19TH ST		City and State: LAUREL MS 39440	
Participation: MEDICAID SNF/ICF	# of Beds: 40	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing					
Residents requiring some or total assistance in bathing.	35	87.5	82.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	38	95.0	81.8	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	32	80.0	71.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	65.0	71.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	26	65.0	62.9	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	6	15.0	38.1	37.7	
Completely bedfast residents.	3	7.5	8.2	3.4	
Residents confined to chairs.	23	57.5	47.5	50.8	
Residents requiring restraints.	13	32.5	37.4	41.3	
Confused or disoriented residents.	29	72.5	59.0	58.4	
Residents with bed sores.	1	2.5	4.8	7.1	
Residents receiving special skin care.	12	30.0	23.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTHSIDE HAVEN NH

Street Address:		City and State:	
935 W DR		LAUREL MS 39440	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	130	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
129	0	92	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	72.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	76.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	72.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	71.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	69.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	111	86.0	38.1	37.7
Completely bedfast residents.	2	1.6	8.2	3.4
Residents confined to chairs.	95	73.6	47.5	50.8
Residents requiring restraints.	56	43.4	37.4	41.3
Confused or disoriented residents.	26	20.2	59.0	58.4
Residents with bed sores.	4	3.1	4.8	7.1
Residents receiving special skin care.	5	3.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NUCARE CONVALESCENT CENTER

Street Address: 1036 WEST DR		City and State: LAUREL MS 39440	
Participation: MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	78.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	86.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	85.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	85.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	8.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	53.3	38.1	37.7
Completely bedfast residents.	6	10.0	8.2	3.4
Residents confined to chairs.	36	60.0	47.5	50.8
Residents requiring restraints.	0	0.0	37.4	41.3
Confused or disoriented residents.	60	100	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	20	33.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENE CO EXTENDED CARE

Street Address:		City and State:	
JACKSON ST BOX 137		LEAKESVILLE MS 39451	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	27	LOCAL GOVERNMENT	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	80.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	80.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	80.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	38.5	38.1	37.7
Completely bedfast residents.	3	11.5	8.2	3.4
Residents confined to chairs.	12	46.2	47.5	50.8
Residents requiring restraints.	6	23.1	37.4	41.3
Confused or disoriented residents.	10	38.5	59.0	58.4
Residents with bed sores.	4	15.4	4.8	7.1
Residents receiving special skin care.	1	3.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MELODY MANOR

Street Address: PO BOX 647		City and State: LEAKESVILLE MS 39451	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	85.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	81.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	63.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	5	8.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	40.0	38.1	37.7
Completely bedfast residents.	14	23.3	8.2	3.4
Residents confined to chairs.	31	51.7	47.5	50.8
Residents requiring restraints.	24	40.0	37.4	41.3
Confused or disoriented residents.	25	41.7	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	2	3.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRI COUNTY NH INC

Street Address:		City and State:	
PO BOX 542		LOUISVILLE MS 39339	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	36	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	74.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	83.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	35.6	38.1	37.7
Completely bedfast residents.	1	1.7	8.2	3.4
Residents confined to chairs.	44	74.6	47.5	50.8
Residents requiring restraints.	29	49.2	37.4	41.3
Confused or disoriented residents.	33	55.9	59.0	58.4
Residents with bed sores.	2	3.4	4.8	7.1
Residents receiving special skin care.	59	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINSTON CO NH

Street Address: RT 7 BOX 1011		City and State: LOUISVILLE MS 39339	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 86	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 66	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	45.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	53.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	58.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	41.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	48.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	32.9	38.1	37.7
Completely bedfast residents.	1	1.2	8.2	3.4
Residents confined to chairs.	32	39.0	47.5	50.8
Residents requiring restraints.	22	26.8	37.4	41.3
Confused or disoriented residents.	42	51.2	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	43	52.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN OAKS NH

Street Address:		City and State:	
220 GLEN OAKS DR		LUCEDALE MS 39452	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
60	0	45		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	95.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	80.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	80.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	68.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	38.3	38.1	37.7
Completely bedfast residents.	6	10.0	8.2	3.4
Residents confined to chairs.	35	58.3	47.5	50.8
Residents requiring restraints.	37	61.7	37.4	41.3
Confused or disoriented residents.	44	73.3	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	20	33.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADVENTIST HEALTH CARE CENTER

Street Address: ROUTE 2 BOX 79		City and State: LUMBERTON MS 39455	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 106	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	83	69.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	67.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	64.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	67.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	65.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	49.2	38.1	37.7
Completely bedfast residents.	29	24.2	8.2	3.4
Residents confined to chairs.	53	44.2	47.5	50.8
Residents requiring restraints.	43	35.8	37.4	41.3
Confused or disoriented residents.	97	80.8	59.0	58.4
Residents with bed sores.	1	0.8	4.8	7.1
Residents receiving special skin care.	77	64.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLARD F BOND HOME

Street Address:		City and State:	
RT 1 BOX 284		MADISON MS 39110	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT OTHER	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
51	0	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	51.0	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	39.2	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	25.5	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	41.2	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	25.5	35.0	59.1
Residents on individually written bowel and bladder retraining program.	7	13.7	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	7.8	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	7.8	17.3	39.1
Residents requiring restraints.	0	0.0	6.2	31.7
Confused or disoriented residents.	19	37.3	36.9	55.8
Residents with bed sores.	2	3.9	1.7	4.7
Residents receiving special skin care.	14	27.5	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST HEALTH CENTER

Street Address: 1401 1 ST AVE NE		City and State: MAGEE MS 39111	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 107
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	70.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	85.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	77.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	70.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	39.2	38.1	37.7
Completely bedfast residents.	10	8.3	8.2	3.4
Residents confined to chairs.	87	72.5	47.5	50.8
Residents requiring restraints.	50	41.7	37.4	41.3
Confused or disoriented residents.	91	75.8	59.0	58.4
Residents with bed sores.	11	9.2	4.8	7.1
Residents receiving special skin care.	65	54.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BENCHMARK HEALTH CENTER INC

Street Address: 1208 N DALE DR		City and State: MARION MS 39342	
Participation: MEDICAID SNF/ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 33		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	96.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	92.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	84.4	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	98.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	53.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	43.8	38.1	37.7
Completely bedfast residents.	3	4.7	8.2	3.4
Residents confined to chairs.	39	60.9	47.5	50.8
Residents requiring restraints.	12	18.8	37.4	41.3
Confused or disoriented residents.	20	31.3	59.0	58.4
Residents with bed sores.	2	3.1	4.8	7.1
Residents receiving special skin care.	2	3.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUITMAN CO NH

Street Address:		City and State:	
330 GETWELL DR BOX 330		MARKS MS 38646	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT OTHER	10/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	51		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	49	83.1	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	64.4	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	54.2	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	57.6	35.0	59.1
Residents on individually written bowel and bladder retraining program.	26	44.1	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.3	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	11	18.6	17.3	39.1
Residents requiring restraints.	0	0.0	6.2	31.7
Confused or disoriented residents.	34	57.6	36.9	55.8
Residents with bed sores.	1	1.7	1.7	4.7
Residents receiving special skin care.	0	0.0	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCCOMB EXTENDED CARE FACILITY

Street Address:		City and State:	
501 S LOCUST ST		MCCOMB MS 39648	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	145	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
143	0	104			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	103	72.0	82.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	116	81.1	81.8	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	88	61.5	71.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	59.4	71.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	77	53.8	62.9	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	51	35.7	38.1	37.7	
Completely bedfast residents.	9	6.3	8.2	3.4	
Residents confined to chairs.	66	46.2	47.5	50.8	
Residents requiring restraints.	85	59.4	37.4	41.3	
Confused or disoriented residents.	105	73.4	59.0	58.4	
Residents with bed sores.	6	4.2	4.8	7.1	
Residents receiving special skin care.	70	49.0	23.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHWEST EXTENDED CARE

Street Address:		City and State:	
415 MARION AVENUE		MCCOMB MS 39648	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	0	89	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	95.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	70.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	64.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	42.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	50.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	6.8	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	31.6	38.1	37.7
Completely bedfast residents.	3	2.6	8.2	3.4
Residents confined to chairs.	18	15.4	47.5	50.8
Residents requiring restraints.	37	31.6	37.4	41.3
Confused or disoriented residents.	51	43.6	59.0	58.4
Residents with bed sores.	5	4.3	4.8	7.1
Residents receiving special skin care.	7	6.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADVILLE NH

Street Address:		City and State:	
OLD SUMMIT RD RT 2 BOX 233		MEADVILLE MS 39653	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	55.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	67.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	61.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	61.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	12	20.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	52.5	38.1	37.7
Completely bedfast residents.	5	8.5	8.2	3.4
Residents confined to chairs.	32	54.2	47.5	50.8
Residents requiring restraints.	16	27.1	37.4	41.3
Confused or disoriented residents.	27	45.8	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	4	6.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVA REST MENDENHALL

Street Address:		City and State:	
PO BOX 308		MENDENHALL MS 39114	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
60	0	52	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	41	68.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	46.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	56.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	13	21.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	18.3	38.1	37.7
Completely bedfast residents.	7	11.7	8.2	3.4
Residents confined to chairs.	39	65.0	47.5	50.8
Residents requiring restraints.	21	35.0	37.4	41.3
Confused or disoriented residents.	29	48.3	59.0	58.4
Residents with bed sores.	4	6.7	4.8	7.1
Residents receiving special skin care.	60	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROADMOOR HEALTH CARE CENTER

Street Address: 4728 HWY 39 NORTH		City and State: MERIDIAN MS 39301	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 91
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	87.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	91.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	79.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	74.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	54.6	38.1	37.7
Completely bedfast residents.	2	1.7	8.2	3.4
Residents confined to chairs.	72	60.5	47.5	50.8
Residents requiring restraints.	42	35.3	37.4	41.3
Confused or disoriented residents.	56	47.1	59.0	58.4
Residents with bed sores.	6	5.0	4.8	7.1
Residents receiving special skin care.	30	25.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERIDIAN CONVALESCENT CENTER

Street Address:		City and State:	
517 33RD ST		MERIDIAN MS 39301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	58	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	55		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	42	75.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	76.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	64.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	71.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	50.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	57.1	38.1	37.7
Completely bedfast residents.	2	3.6	8.2	3.4
Residents confined to chairs.	34	60.7	47.5	50.8
Residents requiring restraints.	16	28.6	37.4	41.3
Confused or disoriented residents.	19	33.9	59.0	58.4
Residents with bed sores.	2	3.6	4.8	7.1
Residents receiving special skin care.	27	48.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUEEN CITY NURSING CENTER

Street Address: 1201 28TH STREET		City and State: MERIDIAN MS 39301	
Participation: MEDICAID SNF	# of Beds: 61	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 35		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	86.9	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	78.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	100	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	39.3	38.1	37.7
Completely bedfast residents.	3	4.9	8.2	3.4
Residents confined to chairs.	47	77.0	47.5	50.8
Residents requiring restraints.	26	42.6	37.4	41.3
Confused or disoriented residents.	60	98.4	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	8	13.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGINALD P WHITE JCF

Street Address:		City and State:	
W STATION BOX 4128		MERIDIAN MS 39301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	96	STATE GOVERNMENT	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	71.4	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	77.4	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	22.6	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	47.6	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	19.0	35.0	59.1
Residents on individually written bowel and bladder retraining program.	12	14.3	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.2	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	13	15.5	17.3	39.1
Residents requiring restraints.	0	0.0	6.2	31.7
Confused or disoriented residents.	11	13.1	36.9	55.8
Residents with bed sores.	1	1.2	1.7	4.7
Residents receiving special skin care.	9	10.7	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

REGINALD P WHITE SKILLED CARE FACILITY

Street Address:		City and State:	
W STATION BOX 4128		MERIDIAN MS 39301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	119	STATE GOVERNMENT	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
86	0	77		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	97.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	90.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	87.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	81.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	88.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	46.5	38.1	37.7
Completely bedfast residents.	4	4.7	8.2	3.4
Residents confined to chairs.	65	75.6	47.5	50.8
Residents requiring restraints.	43	50.0	37.4	41.3
Confused or disoriented residents.	72	83.7	59.0	58.4
Residents with bed sores.	2	2.3	4.8	7.1
Residents receiving special skin care.	15	17.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAWRENCE CO NURSING CENTER

Street Address: PO BOX 398		City and State: MONTICELLO MS 39654	
Participation: MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	91.5	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	55	93.2	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	47	79.7	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	17	28.8	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	54.2	38.1	37.7
Completely bedfast residents.	5	8.5	8.2	3.4
Residents confined to chairs.	46	78.0	47.5	50.8
Residents requiring restraints.	28	47.5	37.4	41.3
Confused or disoriented residents.	31	52.5	59.0	58.4
Residents with bed sores.	2	3.4	4.8	7.1
Residents receiving special skin care.	13	22.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCOTT CO NH

Street Address:		City and State:	
PO BOX 459		MORTON MS 39117	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	110	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
99	0	85		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	98.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	97.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.9	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	92.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	52.5	38.1	37.7
Completely bedfast residents.	8	8.1	8.2	3.4
Residents confined to chairs.	44	44.4	47.5	50.8
Residents requiring restraints.	34	34.3	37.4	41.3
Confused or disoriented residents.	83	83.8	59.0	58.4
Residents with bed sores.	4	4.0	4.8	7.1
Residents receiving special skin care.	4	4.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GULF COAST NH

Street Address:		City and State:	
4501 JEFFERSON AV BOX 529		MOSS POINT MS 39563	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	84	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
84	0	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	97.6	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	97.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	79.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	65.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.2	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	37	44.0	47.5	50.8
Residents requiring restraints.	31	36.9	37.4	41.3
Confused or disoriented residents.	44	52.4	59.0	58.4
Residents with bed sores.	3	3.6	4.8	7.1
Residents receiving special skin care.	8	9.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADAMS CO NURSING CENTER

Street Address:		City and State:	
587 JOHN R JUNKIN DR		NATCHEZ MS 39120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	75.6	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	90.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	44.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	49.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	29.4	38.1	37.7
Completely bedfast residents.	17	14.3	8.2	3.4
Residents confined to chairs.	40	33.6	47.5	50.8
Residents requiring restraints.	54	45.4	37.4	41.3
Confused or disoriented residents.	42	35.3	59.0	58.4
Residents with bed sores.	8	6.7	4.8	7.1
Residents receiving special skin care.	7	5.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENBURNIEY NH

Street Address: 555 JOHN R JUNKIN DR		City and State: NATCHEZ MS 39120	
Participation: MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 85		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	84.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	76.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	54.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	66.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	51.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	36	37.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	41.7	38.1	37.7
Completely bedfast residents.	6	6.3	8.2	3.4
Residents confined to chairs.	35	36.5	47.5	50.8
Residents requiring restraints.	35	36.5	37.4	41.3
Confused or disoriented residents.	20	20.8	59.0	58.4
Residents with bed sores.	8	8.3	4.8	7.1
Residents receiving special skin care.	93	96.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRACE HAVEN NH

Street Address: 344 ARLINGTON AV		City and State: NATCHEZ MS 39120	
Participation: MEDICAID SNF/ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 39	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	27.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	81.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	67.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	61.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	29.1	38.1	37.7
Completely bedfast residents.	4	7.3	8.2	3.4
Residents confined to chairs.	18	32.7	47.5	50.8
Residents requiring restraints.	22	40.0	37.4	41.3
Confused or disoriented residents.	27	49.1	59.0	58.4
Residents with bed sores.	3	5.5	4.8	7.1
Residents receiving special skin care.	10	18.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSELAWN RETIREMENT HOME

Street Address: 118 S GLENFIELD RD		City and State: NEW ALBANY MS 38652	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 97	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	64.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	78.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	59.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	59.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	49.2	62.9	68.2
Residents on individually written bowel and bladder retraining program.	35	29.2	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	36.7	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	50	41.7	47.5	50.8
Residents requiring restraints.	49	40.8	37.4	41.3
Confused or disoriented residents.	55	45.8	59.0	58.4
Residents with bed sores.	5	4.2	4.8	7.1
Residents receiving special skin care.	37	30.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT REST OF NEWTON

Street Address: 1009 S MAIN ST		City and State: NEWTON MS 39345	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 99	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	100	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	110	94.0	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	70	59.8	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	56.4	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	60.7	62.9	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.3	38.1	37.7
 Completely bedfast residents.	17	14.5	8.2	3.4
 Residents confined to chairs.	50	42.7	47.5	50.8
 Residents requiring restraints.	38	32.5	37.4	41.3
 Confused or disoriented residents.	92	78.6	59.0	58.4
 Residents with bed sores.	3	2.6	4.8	7.1
 Residents receiving special skin care.	4	3.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OCEAN SPRINGS NURSING CENTER

Street Address: VAN CLEAVE RD		City and State: OCEAN SPRINGS MS 39564	
Participation: MEDICAID SNF	# of Beds: 66	Type of Ownership: PROPRIETARY	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 47	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	56	84.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	81.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	84.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	86.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	86.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	50.0	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	50	75.8	47.5	50.8
Residents requiring restraints.	29	43.9	37.4	41.3
Confused or disoriented residents.	48	72.7	59.0	58.4
Residents with bed sores.	2	3.0	4.8	7.1
Residents receiving special skin care.	20	30.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SHEARER-RICHARDSON MEMORIAL HOME

Street Address:		City and State:	
ROCKWELL DR		OKOLONA MS 38860	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	66	LOCAL GOVERNMENT	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	98.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	89.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	75.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	75.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	53.1	38.1	37.7
Completely bedfast residents.	1	1.6	8.2	3.4
Residents confined to chairs.	32	50.0	47.5	50.8
Residents requiring restraints.	25	39.1	37.4	41.3
Confused or disoriented residents.	42	65.6	59.0	58.4
Residents with bed sores.	4	6.3	4.8	7.1
Residents receiving special skin care.	12	18.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GOLDEN YEARS RETIREMENT HOME

Street Address:		City and State:	
606 VAN BUREN		OXFORD MS 38655	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	37	PROPRIETARY	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
35	0	20		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	85.7	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	77.1	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	40.0	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	65.7	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	25.7	35.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	14.3	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	9	25.7	17.3	39.1
Residents requiring restraints.	6	17.1	6.2	31.7
Confused or disoriented residents.	9	25.7	36.9	55.8
Residents with bed sores.	2	5.7	1.7	4.7
Residents receiving special skin care.	30	85.7	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRACELANDS INC

Street Address: 1300 BELK ST		City and State: OXFORD MS 38655	
Participation: MEDICAID SNF/ICF	# of Beds: 135	Type of Ownership: PROPRIETARY	Survey Date: 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 100	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	97.8	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	111	82.2	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	75	55.6	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	60.7	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	63.0	62.9	68.2
 Residents on individually written bowel and bladder retraining program.	23	17.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	37.0	38.1	37.7
 Completely bedfast residents.	5	3.7	8.2	3.4
 Residents confined to chairs.	83	61.5	47.5	50.8
 Residents requiring restraints.	37	27.4	37.4	41.3
 Confused or disoriented residents.	55	40.7	59.0	58.4
 Residents with bed sores.	5	3.7	4.8	7.1
 Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODLEA SNF

Street Address:		City and State:	
HIGHWAY 7 BYPASS		OXFORD MS 38655	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	61	STATE GOVERNMENT	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	98.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	95.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	93.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	100	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	77.0	38.1	37.7
Completely bedfast residents.	3	4.9	8.2	3.4
Residents confined to chairs.	58	95.1	47.5	50.8
Residents requiring restraints.	61	100	37.4	41.3
Confused or disoriented residents.	7	11.5	59.0	58.4
Residents with bed sores.	1	1.6	4.8	7.1
Residents receiving special skin care.	9	14.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLAZA NURSING CENTER

Street Address:		City and State:	
4403 HOSPITAL RD		PASCAGOULA MS 39567	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	73.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	87.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	84.9	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	83.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	84.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	63.0	38.1	37.7
Completely bedfast residents.	4	3.4	8.2	3.4
Residents confined to chairs.	73	61.3	47.5	50.8
Residents requiring restraints.	59	49.6	37.4	41.3
Confused or disoriented residents.	69	58.0	59.0	58.4
Residents with bed sores.	4	3.4	4.8	7.1
Residents receiving special skin care.	37	31.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DIXIE WHITEHOUSE NH

Street Address:		City and State:	
MENGE AVE BOX 515		PASS CHRISTIAN MS 39571	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
55	0	55	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	55	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	80.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	69.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	63.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	80.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	43.6	38.1	37.7
Completely bedfast residents.	6	10.9	8.2	3.4
Residents confined to chairs.	24	43.6	47.5	50.8
Residents requiring restraints.	21	38.2	37.4	41.3
Confused or disoriented residents.	25	45.5	59.0	58.4
Residents with bed sores.	2	3.6	4.8	7.1
Residents receiving special skin care.	19	34.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIRAMAR LODGE NH

Street Address:		City and State:	
216 W BEACH BLVD		PASS CHRISTIAN MS 39571	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	180	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
175	0	96		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	87.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	89.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	142	81.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	79.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	73.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	43	24.6	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	38.3	38.1	37.7
Completely bedfast residents.	20	11.4	8.2	3.4
Residents confined to chairs.	79	45.1	47.5	50.8
Residents requiring restraints.	88	50.3	37.4	41.3
Confused or disoriented residents.	130	74.3	59.0	58.4
Residents with bed sores.	21	12.0	4.8	7.1
Residents receiving special skin care.	72	41.1	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT REST OF PETAL

Street Address: 201 10TH AVE		City and State: PETAL MS 39465	
Participation: MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	98.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	98.3	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	83.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	96.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	24	40.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	44.1	38.1	37.7
Completely bedfast residents.	4	6.8	8.2	3.4
Residents confined to chairs.	34	57.6	47.5	50.8
Residents requiring restraints.	28	47.5	37.4	41.3
Confused or disoriented residents.	36	61.0	59.0	58.4
Residents with bed sores.	2	3.4	4.8	7.1
Residents receiving special skin care.	58	98.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHOCTAW RESIDENTIAL CENTER

Street Address: ROUTE 7 BOX R-51		City and State: PHILADELPHIA MS 39350	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 21	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	78.3	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	46	76.7	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	46	76.7	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	70.0	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	40.0	38.1	37.7
Completely bedfast residents.	8	13.3	8.2	3.4
Residents confined to chairs.	30	50.0	47.5	50.8
Residents requiring restraints.	22	36.7	37.4	41.3
Confused or disoriented residents.	21	35.0	59.0	58.4
Residents with bed sores.	5	8.3	4.8	7.1
Residents receiving special skin care.	17	28.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NESHOPA CO NH

Street Address: PO BOX 357		City and State: PHILADELPHIA MS 39350	
Participation: MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 71	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	83.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	93.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	81.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	78.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	82.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	66.2	38.1	37.7
Completely bedfast residents.	19	23.7	8.2	3.4
Residents confined to chairs.	32	40.0	47.5	50.8
Residents requiring restraints.	42	52.5	37.4	41.3
Confused or disoriented residents.	56	70.0	59.0	58.4
Residents with bed sores.	5	6.3	4.8	7.1
Residents receiving special skin care.	5	6.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PICAYUNE CONVALESCENT HOME

Street Address: 1620 READ ROAD		City and State: PICAYUNE MS 39466	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 97	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	70.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	86.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	78.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	51.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	32	27.1	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.4	38.1	37.7
Completely bedfast residents.	69	58.5	8.2	3.4
Residents confined to chairs.	78	66.1	47.5	50.8
Residents requiring restraints.	45	38.1	37.4	41.3
Confused or disoriented residents.	80	67.8	59.0	58.4
Residents with bed sores.	8	6.8	4.8	7.1
Residents receiving special skin care.	25	21.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control ¹ is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRACELANDS OF PONTOTOC

Street Address: 278 8TH ST		City and State: PONTOTOC MS 38863	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	95.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	91.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	60.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	56.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	86.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	13.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	30.0	38.1	37.7
Completely bedfast residents.	12	20.0	8.2	3.4
Residents confined to chairs.	23	38.3	47.5	50.8
Residents requiring restraints.	15	25.0	37.4	41.3
Confused or disoriented residents.	31	51.7	59.0	58.4
Residents with bed sores.	4	6.7	4.8	7.1
Residents receiving special skin care.	18	30.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH MISSISSIPPI MEDICAL CENTER

Street Address:		City and State:	
176 S MAIN ST		PONTOTOC MS 38863	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	44	NON-PROFIT PRIVATE	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	97.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	75.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	59.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	84.1	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	61.4	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	4.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	25.0	38.1	37.7
Completely bedfast residents.	11	25.0	8.2	3.4
Residents confined to chairs.	10	22.7	47.5	50.8
Residents requiring restraints.	9	20.5	37.4	41.3
Confused or disoriented residents.	24	54.5	59.0	58.4
Residents with bed sores.	1	2.3	4.8	7.1
Residents receiving special skin care.	12	27.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSHINE REST HOME

Street Address:		City and State:	
RT 6		PONTOTOC MS 38863	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	27	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
27	0	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	81.5	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	77.8	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	25.9	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	11.1	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	14.8	35.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	7.4	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	7.4	17.3	39.1
Residents requiring restraints.	0	0.0	6.2	31.7
Confused or disoriented residents.	3	11.1	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	0	0.0	14.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEARL RIVER CO NH

Street Address: MOODY ST BOX 392		City and State: POPLARVILLE MS 39470	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	86.4	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	51	86.4	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	52	88.1	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	88.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	28.8	38.1	37.7
Completely bedfast residents.	3	5.1	8.2	3.4
Residents confined to chairs.	21	35.6	47.5	50.8
Residents requiring restraints.	10	16.9	37.4	41.3
Confused or disoriented residents.	22	37.3	59.0	58.4
Residents with bed sores.	2	3.4	4.8	7.1
Residents receiving special skin care.	9	15.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEFFERSON DAVIS CO HOSP-ECF

Street Address:		City and State:	
BERRY ST DRAWER P		PRENTISS MS 39474	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	LOCAL GOVERNMENT	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
60	0	46		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	91.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	70.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	53.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	5	8.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	28.3	38.1	37.7
Completely bedfast residents.	4	6.7	8.2	3.4
Residents confined to chairs.	27	45.0	47.5	50.8
Residents requiring restraints.	21	35.0	37.4	41.3
Confused or disoriented residents.	52	86.7	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	22	36.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARCHUSA CONVALESCENT CENTER

Street Address: HWY 511 E		City and State: QUITMAN MS 39355	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 104
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	13.7	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	90	76.9	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	80	68.4	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	65.8	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	54.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	20	17.1	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	32.5	38.1	37.7
Completely bedfast residents.	12	10.3	8.2	3.4
Residents confined to chairs.	74	63.2	47.5	50.8
Residents requiring restraints.	45	38.5	37.4	41.3
Confused or disoriented residents.	45	38.5	59.0	58.4
Residents with bed sores.	7	6.0	4.8	7.1
Residents receiving special skin care.	7	6.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROLLING ACRES RETIREMENT CENTER

Street Address: HWY 35 S BOX 128		City and State: RALEIGH MS 39153	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 108
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	81.7	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	93	77.5	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	88	73.3	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	61.7	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	60.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	40.8	38.1	37.7
Completely bedfast residents.	26	21.7	8.2	3.4
Residents confined to chairs.	45	37.5	47.5	50.8
Residents requiring restraints.	30	25.0	37.4	41.3
Confused or disoriented residents.	49	40.8	59.0	58.4
Residents with bed sores.	12	10.0	4.8	7.1
Residents receiving special skin care.	80	66.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REST HAVEN NH

Street Address: 103 CUNNINGHAM DR		City and State: RIPLEY MS 38610	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 51		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	81.4	82.0	81.5
Dressing Residents requiring some or total assistance in dressing.	47	79.7	81.8	83.2
Toileting Residents requiring some or total assistance in toileting.	46	78.0	71.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	78.0	71.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	40.7	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	30	50.8	47.5	50.8
Residents requiring restraints.	34	57.6	37.4	41.3
Confused or disoriented residents.	41	69.5	59.0	58.4
Residents with bed sores.	1	1.7	4.8	7.1
Residents receiving special skin care.	14	23.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIPLEY MANOR NH

Street Address:		City and State:	
101 CUNNINGHAM DR		RIPLEY MS 38663	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	83.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	72.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	61.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	54.2	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	44.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.8	38.1	37.7
Completely bedfast residents.	12	10.2	8.2	3.4
Residents confined to chairs.	52	44.1	47.5	50.8
Residents requiring restraints.	25	21.2	37.4	41.3
Confused or disoriented residents.	50	42.4	59.0	58.4
Residents with bed sores.	3	2.5	4.8	7.1
Residents receiving special skin care.	4	3.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF ROLLING FORK

Street Address:		City and State:	
506 W RACE ST		ROLLING FORK MS 39159	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	51		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	94.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	79.7	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	55.9	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	64.4	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	44.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.	10	16.9	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.0	38.1	37.7
Completely bedfast residents.	1	1.7	8.2	3.4
Residents confined to chairs.	34	57.6	47.5	50.8
Residents requiring restraints.	21	35.6	37.4	41.3
Confused or disoriented residents.	59	100	59.0	58.4
Residents with bed sores.	4	6.8	4.8	7.1
Residents receiving special skin care.	4	6.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RULEVILLE HEALTH CARE CENTER

Street Address: 800 STANSEL DRIVE		City and State: RULEVILLE MS 38771	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 80	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	75	85.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	85.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	73.9	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	69.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	58.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	25.0	38.1	37.7
Completely bedfast residents.	7	8.0	8.2	3.4
Residents confined to chairs.	31	35.2	47.5	50.8
Residents requiring restraints.	22	25.0	37.4	41.3
Confused or disoriented residents.	14	15.9	59.0	58.4
Residents with bed sores.	1	1.1	4.8	7.1
Residents receiving special skin care.	20	22.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE N PANOLA REGIONAL HOSPITAL

Street Address:		City and State:	
I-55 AT MISSISSIPPI 315		SARDIS MS 38666	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	60	NON-PROFIT OTHER	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
60	0	47	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	75.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	90.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	85.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	86.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	85.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	29	48.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	46.7	38.1	37.7
Completely bedfast residents.	7	11.7	8.2	3.4
Residents confined to chairs.	37	61.7	47.5	50.8
Residents requiring restraints.	29	48.3	37.4	41.3
Confused or disoriented residents.	40	66.7	59.0	58.4
Residents with bed sores.	2	3.3	4.8	7.1
Residents receiving special skin care.	3	5.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENATOBIA CONVALESCENT CENTER

Street Address:		City and State:	
402 GETWELL DR		SENATOBIA MS 38668	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	51.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	83.2	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	63.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	72.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	38.7	38.1	37.7
Completely bedfast residents.	9	7.6	8.2	3.4
Residents confined to chairs.	66	55.5	47.5	50.8
Residents requiring restraints.	35	29.4	37.4	41.3
Confused or disoriented residents.	87	73.1	59.0	58.4
Residents with bed sores.	7	5.9	4.8	7.1
Residents receiving special skin care.	10	8.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ZION GROVE NH

Street Address:		City and State:	
CHURCH ST		SHELBY MS 38774	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
120	0	108	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	68.3	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	75.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	60.8	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	45.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	10	8.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	33.3	38.1	37.7
Completely bedfast residents.	18	15.0	8.2	3.4
Residents confined to chairs.	48	40.0	47.5	50.8
Residents requiring restraints.	39	32.5	37.4	41.3
Confused or disoriented residents.	75	62.5	59.0	58.4
Residents with bed sores.	15	12.5	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHAVEN HEALTH CARE CENTER

Street Address: 1730 DORCHESTER DR		City and State: SOUTHAVEN MS 38671	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 92	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	63.6	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	66.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	57.6	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	57.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	46.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.7	38.1	37.7
Completely bedfast residents.	5	4.2	8.2	3.4
Residents confined to chairs.	56	47.5	47.5	50.8
Residents requiring restraints.	45	38.1	37.4	41.3
Confused or disoriented residents.	70	59.3	59.0	58.4
Residents with bed sores.	5	4.2	4.8	7.1
Residents receiving special skin care.	13	11.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STARKVILLE MANOR

Street Address:		City and State:	
1001 HOSPITAL RD		STARKVILLE MS 39759	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	119	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	101	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	89.1	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	76.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	79.8	62.9	68.2
Residents on individually written bowel and bladder retraining program.	22	18.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	54.6	38.1	37.7
Completely bedfast residents.	34	28.6	8.2	3.4
Residents confined to chairs.	55	46.2	47.5	50.8
Residents requiring restraints.	55	46.2	37.4	41.3
Confused or disoriented residents.	87	73.1	59.0	58.4
Residents with bed sores.	3	2.5	4.8	7.1
Residents receiving special skin care.	14	11.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARS HEALTH CENTER

Street Address:		City and State:	
2800 W MAIN ST		TUPELO MS 38801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	99.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	85.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	78.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	70.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.0	38.1	37.7
Completely bedfast residents.	5	4.2	8.2	3.4
Residents confined to chairs.	64	53.3	47.5	50.8
Residents requiring restraints.	45	37.5	37.4	41.3
Confused or disoriented residents.	63	52.5	59.0	58.4
Residents with bed sores.	8	6.7	4.8	7.1
Residents receiving special skin care.	7	5.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEE MANOR NH

Street Address: 1901 BRIAR RIDGE		City and State: TUPELO MS 38801	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 98	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	78.3	69.5	78.3
Dressing Residents requiring some or total assistance in dressing.	58	48.3	66.3	76.7
Toileting Residents requiring some or total assistance in toileting.	43	35.8	38.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	72.5	48.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	40.0	35.0	59.1
Residents on individually written bowel and bladder retraining program.	20	16.7	13.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	41	34.2	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	11	9.2	17.3	39.1
Residents requiring restraints.	9	7.5	6.2	31.7
Confused or disoriented residents.	45	37.5	36.9	55.8
Residents with bed sores.	0	0.0	1.7	4.7
Residents receiving special skin care.	12	10.0	14.0	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TUPELO MANOR NH

Street Address: 646 EASON BLVD		City and State: TUPELO MS 38801	
Participation: MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 97
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	89.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	85.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	74.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	75.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	81.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	44.2	38.1	37.7
Completely bedfast residents.	9	7.5	8.2	3.4
Residents confined to chairs.	61	50.8	47.5	50.8
Residents requiring restraints.	72	60.0	37.4	41.3
Confused or disoriented residents.	87	72.5	59.0	58.4
Residents with bed sores.	18	15.0	4.8	7.1
Residents receiving special skin care.	19	15.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BILL DORA REST HOME

Street Address:		City and State:	
314 ENOCH ST		TYLERTOWN MS 39667	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	48	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
48	0	33	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	75.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	56.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	64.6	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	47.9	38.1	37.7
Completely bedfast residents.	4	8.3	8.2	3.4
Residents confined to chairs.	6	12.5	47.5	50.8
Residents requiring restraints.	1	2.1	37.4	41.3
Confused or disoriented residents.	14	29.2	59.0	58.4
Residents with bed sores.	2	4.2	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TYLERTOWN EXTENDED CARE FACILITY

Street Address: 200 MEDICAL CIRCLE		City and State: TYLERTOWN MS 39323	
Participation: MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 49
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	60	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	80.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	15	25.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.3	38.1	37.7
Completely bedfast residents.	4	6.7	8.2	3.4
Residents confined to chairs.	44	73.3	47.5	50.8
Residents requiring restraints.	34	56.7	37.4	41.3
Confused or disoriented residents.	48	80.0	59.0	58.4
Residents with bed sores.	1	1.7	4.8	7.1
Residents receiving special skin care.	15	25.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP MANOR INC

Street Address:		City and State:	
COUNTY LINE ST BOX 266		UNION MS 39365	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	55.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	91.5	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	61.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	61.0	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	57.6	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	38.1	37.7
Completely bedfast residents.	2	3.4	8.2	3.4
Residents confined to chairs.	37	62.7	47.5	50.8
Residents requiring restraints.	29	49.2	37.4	41.3
Confused or disoriented residents.	20	33.9	59.0	58.4
Residents with bed sores.	1	1.7	4.8	7.1
Residents receiving special skin care.	59	100	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY SKILLED NURSING FACILITY

Street Address: 100 MCAULEY DR		City and State: VICKSBURG MS 39180	
Participation: MEDICARE SNF	# of Beds: 28	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	Medicare Residents: 1	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	62.9	68.2
Residents on individually written bowel and bladder retraining program.	1	100	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	0	0.0	47.5	50.8
Residents requiring restraints.	0	0.0	37.4	41.3
Confused or disoriented residents.	0	0.0	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADY LAWN NH INC

Street Address:		City and State:	
23 PORTERS CHAPEL RD		VICKSBURG MS 39180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	81	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
73		0		64	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		71	97.3	82.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		62	84.9	81.8	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	65.8	71.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	65.8	71.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		49	67.1	62.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		38	52.1	38.1	37.7
Completely bedfast residents.		0	0.0	8.2	3.4
Residents confined to chairs.		27	37.0	47.5	50.8
Residents requiring restraints.		27	37.0	37.4	41.3
Confused or disoriented residents.		56	76.7	59.0	58.4
Residents with bed sores.		11	15.1	4.8	7.1
Residents receiving special skin care.		14	19.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VICKSBURG CONVALESCENT CENTER

Street Address:		City and State:	
1708 CHERRY ST		VICKSBURG MS 39180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	94.9	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	93.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	65.7	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	54.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	69.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	15	15.2	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.3	38.1	37.7
Completely bedfast residents.	2	2.0	8.2	3.4
Residents confined to chairs.	54	54.5	47.5	50.8
Residents requiring restraints.	32	32.3	37.4	41.3
Confused or disoriented residents.	34	34.3	59.0	58.4
Residents with bed sores.	8	8.1	4.8	7.1
Residents receiving special skin care.	20	20.2	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VICKSBURG TRACE HAVEN

Street Address:		City and State:	
40 PORTERS CHAPEL RD		VICKSBURG MS 39180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	102		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	97.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	80.8	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	67.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	61.7	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	57.5	62.9	68.2
Residents on individually written bowel and bladder retraining program.	10	8.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	47.5	38.1	37.7
Completely bedfast residents.	3	2.5	8.2	3.4
Residents confined to chairs.	71	59.2	47.5	50.8
Residents requiring restraints.	55	45.8	37.4	41.3
Confused or disoriented residents.	43	35.8	59.0	58.4
Residents with bed sores.	2	1.7	4.8	7.1
Residents receiving special skin care.	25	20.8	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YALOBUSHA CO NH

Street Address: HWY 7 S		City and State: WATER VALLEY MS 38965	
Participation: MEDICAID SNF	# of Beds: 59	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 31
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	78.2	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	90.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	78.2	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	94.5	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	8	14.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	60.0	38.1	37.7
Completely bedfast residents.	5	9.1	8.2	3.4
Residents confined to chairs.	26	47.3	47.5	50.8
Residents requiring restraints.	20	36.4	37.4	41.3
Confused or disoriented residents.	37	67.3	59.0	58.4
Residents with bed sores.	2	3.6	4.8	7.1
Residents receiving special skin care.	37	67.3	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESTFUL ACRES NH

Street Address: 1304 WALNUT ST		City and State: WAYNESBORO MS 39367	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60		Medicare Residents: 0		Medicaid Residents: 48	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	100	82.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		57	95.0	81.8	83.2
Toileting					
Residents requiring some or total assistance in toileting.		40	66.7	71.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	70.0	71.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		27	45.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	38.3	38.1	37.7
Completely bedfast residents.		0	0.0	8.2	3.4
Residents confined to chairs.		21	35.0	47.5	50.8
Residents requiring restraints.		20	33.3	37.4	41.3
Confused or disoriented residents.		20	33.3	59.0	58.4
Residents with bed sores.		0	0.0	4.8	7.1
Residents receiving special skin care.		0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONVALESCENT CTR WEST POINT

Street Address:		City and State:	
RTE 2 BOX 30		WEST POINT MS 39773	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	105		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	70.0	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	70.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	65.0	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	61.7	62.9	68.2
Residents on individually written bowel and bladder retraining program.	46	38.3	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.0	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	23	19.2	47.5	50.8
Residents requiring restraints.	29	24.2	37.4	41.3
Confused or disoriented residents.	54	45.0	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	38	31.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AZALEA NH

Street Address: BOX 127B		City and State: WHITFIELD MS 39193	
Participation: MEDICAID ICF	# of Beds: 30	Type of Ownership: STATE GOVERNMENT	Survey Date: 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	93.3	69.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	96.7	66.3	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	63.3	38.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	23.3	48.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	35.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	13.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.7	13.7	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	7	23.3	17.3	39.1
Residents requiring restraints.	5	16.7	6.2	31.7
Confused or disoriented residents.	28	93.3	36.9	55.8
Residents with bed sores.	1	3.3	1.7	4.7
Residents receiving special skin care.	2	6.7	14.0	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	5.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	21.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	15.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	5.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	36.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	5.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	10.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	10.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	21.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	26.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	10.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	15.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	7	36.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	52.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	5.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	21.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JAQUITH NH

Street Address: PO BOX 7		City and State: WHITFIELD MS 39193	
Participation: MEDICAID SNF/ICF	# of Beds: 377	Type of Ownership: STATE GOVERNMENT	Survey Date: 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 362	Medicare Residents: 0	Medicaid Residents: 237
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	290	80.1	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	242	66.9	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	182	50.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	202	55.8	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	164	45.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	2	0.6	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	23.5	38.1	37.7
Completely bedfast residents.	6	1.7	8.2	3.4
Residents confined to chairs.	80	22.1	47.5	50.8
Residents requiring restraints.	111	30.7	37.4	41.3
Confused or disoriented residents.	348	96.1	59.0	58.4
Residents with bed sores.	12	3.3	4.8	7.1
Residents receiving special skin care.	78	21.5	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSEWOOD SKILLED NH

Street Address:		City and State:	
HUDSPETH CENTER BOX 127 B		WHITFIELD MS 39193	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	55	STATE GOVERNMENT	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	100	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	100	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	100	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	100	62.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	100	38.1	37.7
Completely bedfast residents.	2	3.6	8.2	3.4
Residents confined to chairs.	53	96.4	47.5	50.8
Residents requiring restraints.	52	94.5	37.4	41.3
Confused or disoriented residents.	51	92.7	59.0	58.4
Residents with bed sores.	0	0.0	4.8	7.1
Residents receiving special skin care.	0	0.0	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AZALEA GARDENS NURSING CENTER

Street Address: 530 HALL ST		City and State: WIGGINS MS 39577	
Participation: MEDICAID SNF/ICF	# of Beds: 137	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	Medicare Residents: 0	Medicaid Residents: 92	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	84.4	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	89.1	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	62.5	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	71.9	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	70.3	62.9	68.2
Residents on individually written bowel and bladder retraining program.	71	55.5	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	39.8	38.1	37.7
Completely bedfast residents.	0	0.0	8.2	3.4
Residents confined to chairs.	74	57.8	47.5	50.8
Residents requiring restraints.	53	41.4	37.4	41.3
Confused or disoriented residents.	76	59.4	59.0	58.4
Residents with bed sores.	3	2.3	4.8	7.1
Residents receiving special skin care.	37	28.9	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINONA MANOR

Street Address:		City and State:	
HWY 82 W BOX 311		WINONA MS 38867	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	67.5	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	45.0	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	63.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	50.0	62.9	68.2
Residents on individually written bowel and bladder retraining program.	20	16.7	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.0	38.1	37.7
Completely bedfast residents.	40	33.3	8.2	3.4
Residents confined to chairs.	26	21.7	47.5	50.8
Residents requiring restraints.	41	34.2	37.4	41.3
Confused or disoriented residents.	49	40.8	59.0	58.4
Residents with bed sores.	3	2.5	4.8	7.1
Residents receiving special skin care.	14	11.7	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	2.2	518	5.5
Each resident is free from mental and physical abuse.	MET	19	13.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	69	50.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	59	42.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	1.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	4.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	5.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	64	46.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	44	31.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	58	42.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	39.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	42	30.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF YAZOO CITY

Street Address: 925 CALHOUN AVE		City and State: YAZOO CITY MS 39194	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180	Medicare Residents: 0	Medicaid Residents: 163
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	86.7	82.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	161	89.4	81.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	63.3	71.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	58.9	71.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	53.9	62.9	68.2
Residents on individually written bowel and bladder retraining program.	27	15.0	7.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	37.2	38.1	37.7
Completely bedfast residents.	12	6.7	8.2	3.4
Residents confined to chairs.	100	55.6	47.5	50.8
Residents requiring restraints.	96	53.3	37.4	41.3
Confused or disoriented residents.	100	55.6	59.0	58.4
Residents with bed sores.	10	5.6	4.8	7.1
Residents receiving special skin care.	17	9.4	23.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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HIGHSMITH 45-220

REF.

HD 7102 .U5N76 1987/88
Mississippi

Medicare/Medicaid nursing home
information.

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